

Authorization to Release Information



Please complete this form to allow us to access your medical records and / or any information from your previous doctor's office.

Today's date Name Date of birth

Previous doctor's name Previous doctor's street address City State Zip code

INFORMATION TO BE RELEASED (please check the appropriate box/boxes)

- Release all my Medical Records to Titanium Healthcare
- Only release specific test results or studies (please explain): _____

If these records should contain any information regarding discussion, care of testing for HIV, AIDS, chemical dependency, alcohol or drug use, mental illness, sexually transmitted infections or sickle cell anemia, I hereby authorize the release of this information.

Information is to be released for the purpose of: (check all that apply)

- To be obtained for my permanent office record
- Other reason (please explain): _____

Release information to:

TITANIUM CLINIC (please check box to indicate the Titanium clinic you would like to receive your medical records)

- Titanium DTLA** 1414 South Grand Ave., #475, Los Angeles, CA 90015. Tel: 213-765-8123 / Fax: 213-336-3032
- Titanium Garden Grove** 12566 Valley View St., Garden Grove, CA 92845. Tel: 714-897-1071 / Fax: 714-373-4696
- Titanium Fountain Valley** 11100 Warner Ave., #250, Fountain Valley, CA 92708. Tel: 714-557-0997 / Fax: 714-557-0998
- Titanium Downey** 10800 Paramount Blvd., #405, Downey, CA 90241. Tel: 562-928-9700 / Fax: 562-928-8300
- Titanium Lakewood** 5220 Clark Ave., #125, Lakewood, CA 90712. Tel: 562-925-7401 / Fax: 562-925-8898

It is the policy of this medical practice that we will adopt, maintain, and comply with our Notice of Privacy Practices, which shall be consistent with HIPAA and California Law.

I hereby authorize Titanium Healthcare to obtain any previous medical records from my PCP or any such other provider.

Signature of patient or parent/guardian or legal representative:

Date **Expiration Date** (one year from today)